Notification of Missing Requirements, 1 page

Power of Attorney, 1 page

U.S. APPI		NO. (IF KNOWN, SEE CFR	INTERNATIONAL APPLICATION NO.				ATTORNEY'S DOCKET NUMBER		
-	0	9/936,688	PCT/FR00/00678				09669/008001		
24.		lowing fees are submitted:.					CALCULATION	S PTO USE ONL	
☐ No	either inter	L FEE (37 CFR 1.492 (a) (1) - (national preliminary examination search fee (37 CFR 1.445(a)(2)) onal Search Report not prepared	fee (37 CFR 1.482) nor paid to USPTO		\$1040	. 00	·		
☐ In	ternational	preliminary examination fee (37	CFR 1.482) not paid to						
USPTO but International Search Report prepared by the ÉPO or JPO \$890.00  International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO \$740.00									
□ In	ternational	preliminary examination fee (37 s did not satisfy provisions of PC	CFR 1.482) paid to USI	РТО		.00			
□ In an	ternational	preliminary examination fee (37 is satisfied provisions of PCT Arti	CFR 1.482) paid to USI icle 33(1)-(4)	PTO 	\$100	0.00			
		ENTER APPROPRIA	ATE BASIC FEE	AMC	OUNT =		\$0.00		
		0 for furnishing the oath or decla liest claimed priority date (37 CF	R 1.492 (e)).	□ 20			\$130.00		
CLAI	MS	NUMBER FILED	NUMBER EXTR	A	RATE				
Total clai	ms	- 20 =	0		x \$18.00		\$0.00		
Independ	ent claims	- 3=	0		x \$84.00	)	\$0.00		
Multiple Dependent Claims (check if applicable).							\$0.00		
			ABOVE CALCU			=	\$130.00		
	olicant clair aced by 1/2	ns small entity status. See 37 CFF	R 1.27). The fees indicat	ed above	e are		\$0.00		
				<b>SUBT</b>	OTAL	=	\$130.00		
Processin months fr	ng fee of \$1 om the ear	30.00 for furnishing the English the liest claimed priority date (37 CF)	translation later than FR 1.492 (f)).	□ 20	□ 30	+	\$0.00		
-			TOTAL NATION	ONAL	FEE	=	\$130.00		
Fee for re accompar	ecording th	e enclosed assignment (37 CFR 1 appropriate cover sheet (37 CFR	.21(h)). The assignmen 3.28, 3.31) (check if ap	t must be	e ).		\$40.00		
			TOTAL FEES E	ENCL	OSED	=	\$170.00		
							Amount to be: refunded	\$	
							charged	\$	
a. [	A ch	neck in the amount of \$170	.00 to cover the ab	ove fees	is enclosed				
b. l		Please charge my Deposit Account No in the amount of to cover the above fees.  A duplicate copy of this sheet is enclosed.							
c.		The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0591 A duplicate copy of this sheet is enclosed.							
d.		are to be charged to a credit card							
NOTE:	Where an	appropriate time limit under 37 st be filed and granted to restor	CFR 1.494 or 1.495 have the application to per	as not be	een met, a p	etitio	on to revive (37 CFI	R	
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ROSENTHAL & OSHA L.L.P. 1221 McKinney, Suite 2800 Houston, Texas 77010					SIGNATURE PAIL FAIR OF PAIR OF				
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Telephone: 713-228-8600 Facsimile: 713-228-8778					NAME $33,986$ $39,182$				
/2002 UEDUVIJE 00000107 09936688					REGISTRATION NUMBER				
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					DATE				